

**State Controller's Office
Division of Accounting and Reporting
Authorization Form to Release Funds from the
Individual Tribal Casino Accounts**

County Name: _____

Administrative Costs: \$ _____
(Co. admin. costs may not exceed 2% of the aggregate county tribal account)

Name of Individual Tribal Casino Account: _____

Name of Jurisdiction/Payee: _____

Mailing Address of Jurisdiction: _____

Name of Approved Project:* _____

Contact Person: _____

Phone number: _____

Amount to be paid from the Individual County Tribal Casino Account \$ _____

Impacts are associated with which casino(s)? _____

The following uses are the priorities for receipt of grant money. Please check the priority(ies) the project satisfies:

| | | |
|--|---|---|
| Law Enforcement <input type="checkbox"/> | Fire Services <input type="checkbox"/> | Emergency Med Services <input type="checkbox"/> |
| Environmental Impacts <input type="checkbox"/> | Water Supplies <input type="checkbox"/> | Waste Disposal <input type="checkbox"/> |
| Behavioral Health <input type="checkbox"/> | Public Health <input type="checkbox"/> | Planning/Adj Land Use <input type="checkbox"/> |
| Roads <input type="checkbox"/> | Rec & Youth Programs <input type="checkbox"/> | Child Care Programs <input type="checkbox"/> |

Authorized Signature
Local Benefit Committee Member

Date

Government Code section 12715 (h) states: All grants from Individual Tribal Casino Accounts shall be made only upon the affirmative sponsorship of the tribe paying into the Indian Gaming Special Distribution Fund from whose individual tribal casino account the grant moneys are available for distribution. (Please attach the affirmative sponsorship of the tribe to this document.)

* For multiple projects, make additional copies of this form.